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The patient is usually prepared on the table.

Personally I have never done any private nursing, but have had a wide experience in preparing homes, arranging rooms of all kinds and conveniences, from the poor family back in the country to the convenient home in the city.

I should be glad to give any suggestions to those interested.

THE GENERALIZATION OF SPECIAL WORK¹

By ARMENIA E. YOUNG, R.N.

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The question has been asked, wherein does the training of the nurse in the general hospital differ from the training of the nurse in the special hospital for nervous and mental diseases? Dr. Hall, I think it was, very cleverly answered the question by saying that the nurse in the general hospital is taught to specialize in the care of physical diseases, and the nurse in the special hospital is taught to generalize in the care of nervous diseases. When we consider this answer carefully, it is not so contradictory as at first it may appear.

It is not my purpose, however, to point out the difference in the training of the general and special nurse, but rather to show how general the work of the special nurse becomes in caring for the nervous or mentally sick in their own homes, especially if she is one of the efficient members of her profession, and wishes to make her services in any marked degree helpful to her patient and the community. The great need for this kind of nursing is very plainly spoken of in Miss Callahan's paper in the March, 1913, number of *THE AMERICAN JOURNAL OF NURSING*. She says:

One neurologist states that 20 per cent of his cases could not possibly be placed in hospitals, and that 20 per cent more could be cared for at home, if he could find a sufficient number of nurses capable of giving the kind of care necessary for their recovery. Then add the large number of nervous invalids, neurasthenics and border-line cases, all entitled to correct care and advice to prevent their going on to active insanity, and I think you will agree with me, when I say that the young woman who adopts the profession of trained nurse and does not familiarize herself with the needs of the nervous and the insane, cannot quite "read her title clear," as she is not prepared to do her whole duty by the sick.

In the first place, the nurse who cares for the nervous or mentally sick must take into consideration that her cases will be long ones, and

¹ Read at a semi-annual meeting of the Butler Hospital Alumnae Association.

because of this, she will be in a very different position in her patient's home from the nurse who cares for the physically sick, and she must fit herself to meet this requirement. The difference is here; the physically sick patient in the family is looked upon as unfortunate and naturally every consideration is shown her. The stay of the nurse is comparatively short, so any nurse, if she is skilled in her technical work, may do. The very sick are not sensitive to their surroundings, at least not until convalescence, and after convalescence has well set in, the stay of the general nurse in private work is apt to be very short.

The neurotic patient, on the contrary, is too often looked upon as a misfortune to the family and like other family misfortunes, must be put up with, or made the best of. No consideration is shown the patients at all, until they begin to wear upon the family, or attract attention from outside because of their peculiarities. The nurse is not called in until all the efforts of the family are exhausted, and often, then, only as a last resort before sending the patient to a hospital. In most instances the patients are keenly alive to the situation and protest against having a nurse. Once the nurse is admitted, they see themselves always with a nurse, and they are extremely sensitive to a variety of things that would make no impression whatever on the physically-sick person.

The nurse during her training school days is taught to observe and report symptoms correctly, to carry out the doctor's orders with accuracy and precision when possible, and when not possible, because of the resistance of the patient, to promptly report the same. Important as this is in hospital work, it becomes a thousand times more important in private work, and a thousand times more difficult, as it is not always possible to carry out a hospital régime in the home. So the nurse above all must learn to discriminate between what is important and what is unimportant. In many cases the nurse has to be both eyes and ears for the doctor, for we all know that some patients conceal and others exaggerate their symptoms; and subjective symptoms alone are often not sufficient or of little value unless combined with objective symptoms which the nurse will report. Often when the nurse enters the home of one of these patients, she finds the household in a state of chaos, for they have been trying to satisfy the wishes, and allay the suspicions of an abnormal person, and by their very efforts to do so, were perhaps bringing about the condition they most wished to avoid. The nurses' duties in that family are twofold—to care for the patient and protect the family. We all know how important it is to protect the family in the case of germ diseases, but I fear we do not all appreciate how important it is in the case of nervous disease; but just as surely, I think, as the nurse attends to one and neglects the other she will have difficulty. Here again she

must know how to discriminate between what is important and what is unimportant—holding firmly to the one and letting go without apparent notice, the other. To be a little more explicit, it may perhaps be necessary for the nurse to hold the patient to those things which make for a normal family life, on the one side, especially if the patient is going to be cared for at home for any length of time, and just as firmly to insist on the other, that the family grant the patient a freedom of action, so that every little detail of her daily life, which appears to them peculiar, will not be objected to, or above all reasoned with. The patient may want to do this or that thing at perhaps an unconventional hour or in some unusual way, it may not be the best time or way, but if it is not essentially wrong, let her do it both when and how she likes.

Almost all private duty nurses will sooner or later come in contact with those "atmospheric-cross-currents" (I have borrowed the term) which come more or less frequently in most families and which are so jarring to a nervously sensitive person. The nurse should be so well trained that she will be quick to observe them, the moment they start eddying, and be able to steer her patient through them, perhaps unconsciously to those around her, at least with as little show as possible. In a short time she may be rewarded, and the family surprised to find that harmony reigns where there had been discord.

But to do all this well is yet not enough in private work. The nurse must fit herself to live with her patient, and I think it would be well to add, with her patient's family. In her hospital days, when she comes in touch with the family she refers them to the doctor in charge, or the superintendent, or some one higher in authority than herself. This is right, and is an excellent way of avoiding blunders, but she cannot do this in private work, and she must develop some other way of meeting this situation. There are always one or more persons who should know the patient's exact condition, and they will be informed at first by the doctor, but there will be many relatives and friends, no doubt, who will want to know, yet it is much better both for the patient and themselves that they should not know, and the degree of skill with which the nurse will be able to answer their inquiries and satisfy their interest, for this she must do, without telling them anything, will depend greatly upon her resourcefulness.

It is generally believed that the training in a hospital for nervous and mental diseases teaches the nurse how to "get on" with difficult patients. This term "get on" is used almost invariably in the sense of "put up with." In other words it teaches the nurse how to put up with, or have patience with difficult patients. I have heard doctors advise nurses who graduated from general hospitals, to take post-gradu-

ate work in a hospital of this kind, simply for this reason alone. Of course our training does do this, and it is necessary to know how to "get on" in this sense with one's patients, for no one can hope to bring about any very good results with a patient with whom she does not "get on;" but on the other hand, I think our training ought to teach us to know when we do not "get on" which is almost if not as important, and we are less conscious of it. If we only knew, we could at least try to mend our ways.

How many nurses, in both general and special work, have left their cases thinking they gave perfect satisfaction, and have wondered when there was sickness again in that family, why they were not called! Often the most trifling things are weighed in the balance besides good work, and the scales will drop on the side of the trifles. This is reasonable when you think of it, for the patient and family are not always able to judge of good technical work, but they know very quickly whether the nurse's personality is pleasing to them or not. For instance, a patient said to me:

Miss A. is an excellent nurse for anything that I know, but I was thankful to have her go. She wouldn't let the maid come into my room to do a single thing. She meant all right of course, and I suppose she kept things beautifully clean, but such disorder! I often wakened to find my desk chair by the window and a lounging chair in front of my desk. My room looked all the time she was here as if a cyclone had struck it, and yet I could see that she considered me fussy if I wanted things put in their usual places.

Another:

Miss B. is a good nurse, but when I began to get better, she insisted upon preparing my food, and yet she didn't know how to cook. I couldn't tell her so. I wanted her to let the cook do it, but she did not want to make extra work for the maids, so I ate her dry chops and tasteless blanc mange, but I was thankful she didn't stay long after I began to get better or I should have starved to death.

Just one more, then I will stop. I sat at table for a short time in a summer hotel, with an old lady who had shaking palsy (that is my own diagnosis). Her maid assisted her in and out of the dining-room and the waitress prepared her food at table, cutting her meat, buttering her bread, etc. She was an unusually interesting woman, and evidently a woman of wealth. When I saw how helpless she was in so many ways, I wondered why she did not have a nurse, who would come to the table with her, and see that she was properly served. Our conversation drifted in that direction one day and this in substance is what she said:

I had two excellent nurses when I had pneumonia, a year ago, and one of them stayed on with me for three months after I was better, but she could not drop her

vigilance over me. She looked after my health so closely that I had no will of my own, to choose what I should eat, or the amount of clothes I should put on. In many ways I would like to have her back but I cannot bear being looked after so carefully.

These criticisms are rather unusual in their character and, to my thinking, show a lack of discrimination on the part of the nurse, that is why I point them out. They are trifling when compared with the real duties of the nurse, but they are all instances of where the nurse did not "get on" very well, yet did not know it; for if she had known and was at all able to discriminate, all these could have been corrected.

How many of us know when perhaps some peculiarity of manner annoys our patient? As we do not like everybody, we cannot expect everybody to like us. If we could train ourselves to observe our own effect upon the patient, we might be able to correct some of the elements in our make-up which jar. We all, no doubt, at some time in our experience, have noticed the effect of some particular doctor's visit upon a patient. He did nothing, he simply came in, said a few words and went out, yet we are very conscious of the good that visit did.

It is perhaps needless to say that everything that makes for a well-educated, well-developed woman, makes for a well-educated, well-developed nurse. No doubt you are all familiar with Dr. Cabot's simile, but I know of none so good, and it bears repeating. Dr. Cabot, partly in excuse for, and partly in explanation of why nurses talk about their patients when off duty, said: "You fill a pitcher full of milk and tip it up, milk will spill out." Naturally if nothing but milk was put in, nothing but milk can come out. We all know that milk is good and we want to get as much of it as we can, but we know also that a continuous diet of only one thing, if not unwholesome, is at least tiresome, so I think it would be well for all of us, to add a variety of other ingredients to our pitcher of milk, so that when it is tipped up, other things besides milk will spill out, and those who are obliged to take it may find something to their taste. The clergyman would make a poor pastor who has nothing but theology to fall back upon, and I doubt if the doctor would receive many calls, who talked of nothing but symptoms and remedies. The nurse who cares for the neurotic patient should have a variety of interests at her command, that sooner or later, she will be able to find, or develop, a common interest with her patient, which she must attend to with the utmost skill, for this may be the little leaven which if properly cared for, will leaven the whole lump. Every accomplishment that the nurse may acquire, will some day be sure to be called into use in the care of these patients. To read aloud well is very important; to tell a bright story in a concise, agreeable manner; to play the piano or sing, if ever so

little; to be able to adapt oneself gracefully to games of all kinds, and especially to out of door games; to have sufficient knowledge of botany to be able to take an intelligent interest in the trees, shrubs, and wild flowers, that are all around us; to be apt at all handicraft work. Don't misunderstand me, the nurse need not be brilliant at any of these, but she must be intelligently interested in them, for they are all valuable additions to her training. I know some nurses are afraid of injuring their professional reputation if they appear to have any other interest besides that of their work; they spend so much time in wrapping up their reputation in imaginary cotton-wool, that they have no time to acquire anything else. This is a mistake. I never hear a nurse say "I cannot do this," or "I cannot do that," for professional reasons, but I think her profession must have been prematurely born, or else in a very delicate condition.

Let us never think of ourselves as the finished product of some training school. I always disliked the term "trained nurse" for that very reason, it implied that we had passed through our training. We have passed through a valuable period of it, but we have still much to learn. A mushroom may spring up in the night, but it takes years to develop a nurse.

CARE OF HYPODERMICS

By AGNES MEYER, R.N.

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One of the most important problems, which has never been quite satisfactorily solved, is that of keeping hypodermics ready for immediate use. Though the danger of infection has been constantly impressed upon the pupil nurse, apparently no effort has been made to simplify the ordinary procedure. After studying various methods employed in different countries, the one in use in a German hospital seems to be the most practical and economical, the quickest and simplest.

There they use a plain glass jar, with a tight-fitting ground-glass stopper, 3 to 4 inches high. Inside is a movable glass receptacle, with one large opening in the center for the hypodermic, and four small ones for the needles. The jar is filled with a solution made of sterile glycerine and 95 per cent alcohol, equal parts, leaving the top of the piston and the screw of the needles dry. Besides this, are used: (1) a jar of sterile sponges; (2) a small glass block with a depression, holding the same amount of fluid as the barrel of the syringe; (3) a bottle of ether.

Method of Using. Remove the cover of the glass jar, pour ether into the receiving block, empty the hypodermic properly, and fasten the